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Bib Data Sheet

SERIAL NUMBER 09/695,917	FILING DATE 10/26/2000 RULE _	CLASS 349	GROUP ART UNIT 2871	ATTORNEY DOCKET NO. 905-0248P	
APPLICANTS Mamoru Miyashita, Asaka-shi, JAPAN;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS ***** JAPAN 11-303302 10/26/1999					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/27/2000 _					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
ADDRESS 2292 _					
TITLE Liquid crystal display device and method of controlling same					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 2868

SERIAL NUMBER 09/695,917	FILING DATE 10/26/2000 RULE	CLASS 345	GROUP ART UNIT 2675	ATTORNEY DOCKET NO. 905-0248P
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APPLICANTS

Mamoru Miyashita, Asaka-shi, JAPAN;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

JAPAN 11-303302 10/26/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 12/27/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

2292

TITLE

A Liquid Crystal Display Device Utilizing A Light-Admission Window

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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